

Amended MDR Tracking Number: M4-04-1878-01 (**Previously M4-03-0484-01**)

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution – General and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a dispute resolution review was conducted by the Medical Review Division regarding a medical payment dispute between the requestor and the respondent named above. This dispute was received 9-13-02.

This AMENDED FINDINGS AND DECISION supersedes ____ rendered in this Medical Payment Dispute involving the above requestor and respondent.

The Medical Review Division's Decision of 9-19-03 was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 10-9-03. An Order was rendered in favor of the Requestor. Both parties appealed the decision. The Requestor appealed the Order to an Administrative Hearing because "The Texas Worker's Compensation Commission confursed the amount paid by the carrier with the left over balance on the claim. We billed \$5610.76 and the carrier paid \$1,034.90 leaving a balance of \$4,575.86. On the Order, TWCC has the amount paid by the carrier as \$4,575.86 and the remaining balance of \$1,034.90. Therefore, the order is incorrect."

I. DISPUTE

Whether there should be additional reimbursement for ambulatory surgical care.

II. FINDINGS

- a. The insurance carrier submitted a response to the request for medical dispute resolution on 10-10-02. "The Respondent/Carrier requests that a Finding and Decision be entered finding that its reimbursement of \$1034.90 was fair and reasonable..."
- b. The requestor billed \$5,610.76 for ambulatory surgical care services.
- c. The insurance carrier paid \$1,034.90 for ambulatory surgical care services.
- d. The total amount in dispute is \$4,575.86.

III. RATIONALE

- a. The Clinic supplied EOB evidence of payments for similar treatment in accordance with Section 413.011. His position statement indicates that he typically receives an 84% reimbursement for worker's compensation patients.

- b. His position statement indicates that he typically receives an 84% reimbursement for worker's compensation patients.

Therefore, reimbursement of 84% of amount billed of \$5,610.76 = \$4713.04 minus amount paid of \$1,034.90 = \$3678.14 is recommended.

III. AMENDED DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for ambulatory surgical care in the amount of **\$3678.14**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$3678.14** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Amended Findings and Decision are hereby issued this 10th day of November, 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division